

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

18125

8149

## CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH a. COUNTY Caroline MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland b. COUNTY Caroline	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hillsboro		c. LENGTH OF STAY IN 1b 9 months	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Denton - Rural	
3. NAME OF DECEASED (Type or print) First Lula Middle Versie Last Beauchamp		d. STREET ADDRESS American Corner	
4. DATE OF DEATH Month August Day 5 Year 1956		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Sept. 19, 1883
9. AGE (In years last birthday) 72 yrs.		10. IF UNDER 1 YEAR Months 72 Dots 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (State or Foreign country) Caroline Co., Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Burton W. Parker		14. MOTHER'S MAIDEN NAME Annabelle Noble	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs. Milford Kline, Hillsboro, Maryland		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. 170X		INTERVAL BETWEEN ONSET AND DEATH 3 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>Nov 4</u> , 1953, to <u>Aug 5</u> , 1956, that I last saw the deceased alive on <u>Aug 1</u> , 1956, and that death occurred at <u>11:45 A.M.</u> from the causes and on the date stated above.			
ACTUAL SIGNATURE <i>E. Paul Knotts M.D.</i>		ADDRESS (Street, city or town, state) <u>Denton, Maryland</u> DATE SIGNED <u>Aug 1956</u>	
PHYSICIAN'S NAME (Type) E. Paul Knotts, M.D.		Denton, Maryland	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Aug. 8, 1956	
22c. NAME OF CEMETERY OR CREMATORIUM Hill Crest Cemetery		22d. LOCATION (City, town, or county) Federalsburg, Maryland (State)	
23. FUNERAL DIRECTOR'S SIGNATURE J.J. Frampton and Son, Federalsburg, Maryland		24a. REC'D BY REGISTRAR DATE <u>8/8/56</u>	
		24b. REGISTRAR'S SIGNATURE <u>John O. Geisse</u>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4  
may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,  
page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with  
the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

WILLIAM D. BROWN - DIRECTOR OF STATE - DEPARTMENT OF STATE - WASHINGTON, D.C.

DEPARTMENT OF STATE

BUREAU Y.L.  
KELCEYEL  
AUG 18 1956

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

108126  
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8150

## CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Caroline		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		b. COUNTY Caroline		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Henderson		c. LENGTH OF STAY IN 1b 63 Yrs.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Henderson				
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION None		d. STREET ADDRESS None		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) Georgana		First	Middle	Last	4. DATE OF DEATH 8	Month	Day	Year 1956
5. SEX Female	6. COLOR OR RACE Col.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6/8/1893	9. AGE (In years last birthday) 63 yrs.	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Alacade Wilkerson		14. MOTHER'S MAIDEN NAME Linda Gibbs						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 220-09-6604		17. INFORMANT Wilmer F. Bordley Henderson, Md.		Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 199.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. } (b) DUE TO { (c)		Exsudative Generalized Almond Paroxysms				INTERVAL BETWEEN ONSET AND DEATH 3 m/s		
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) -		20f. (City or town) Goldsboro		(County) (State)
21. I certify that I attended the deceased from <u>Greene</u> , 1956, to <u>Aug-4</u> , 1956, that I last saw the deceased alive on <u>8/4/56</u> , and that death occurred at <u>Goldsboro</u> , M, from the causes and on the date stated above.								
ACTUAL SIGNATURE <u>J.W. Silver</u>						ADDRESS (Street, city or town, state) Goldsboro, Maryland		DATE SIGNED 8/8/56
PHYSICIAN'S NAME (Type) H.F. Silver								
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 8/9/56		22c. NAME OF CEMETERY OR CREMATORIAL Mt. Zion		22d. LOCATION (City, town, or county) Near Marydel, Md.		(State)
23. FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Boulais</u>		ADDRESS Greensboro, Md.		24a. RECD-BY REGISTRAR DATE 8/10/56		24b. REGISTRAR'S SIGNATURE <u>O. Clark Smith</u>		

THE STATE OF ALABAMA

STATE OF ALABAMA

BUREAU V.

AUG 14 1956

RECEIVED

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09178

Reg. Dist. No. 41

8151

## CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY <b>Caroline</b> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. STATE <b>Md.</b> b. COUNTY <b>Caroline</b>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Greensboro, Md.</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Main Street -- Preston, Md.</b>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <b>Cherry Nursing Home</b>		d. STREET ADDRESS	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <b>Cecelia Elizabeth Collins</b>		First <b>Cecelia</b>	Middle <b>Elizabeth</b>
4. DATE OF DEATH <b>August 29, 1956</b>		Month <b>August</b>	Day <b>29</b>
5. SEX <b>Fem.</b> 6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 11, 1873</b>
9. AGE (In years last birthday) <b>83 yrs.</b>		10. IF UNDER 1 YEAR Months <b>0</b>	11. IF UNDER 24 HRS. Days <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>seamstress</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (State or foreign country) <b>Preston, Md.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13. FATHER'S NAME <b>Simon P. Nichols</b>		14. MOTHER'S MAIDEN NAME <b>Margaret Ann Edgell</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b> 17. INFORMANT <b>Mrs. Clark Webb</b> Address <b>Federalsburg, Md.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>420.1</b>	
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. (b) <b>Arteriosclerosis</b>		DUE TO (c) <b>Endocardial Disease</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. <b>19</b> p. m.		20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> of work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <b>June 8, 1956</b> to <b>Aug. 29, 1956</b> , that I last saw the deceased alive on <b>Aug. 29, 1956</b> , and that death occurred at <b>9 P.M.</b> from the causes and on the date stated above. ADDRESS (Street, city or town, state) <b>Greensboro, Maryland</b> DATE SIGNED <b>9/1/56</b>			
ACTUAL SIGNATURE <b>Charles H. Stonesifer, M.D.</b>			
PHYSICIAN'S NAME (Type) <b>Charles H. Stonesifer, M.D.</b>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		22b. DATE THEREOF <b>8/2/1956</b>	22c. NAME OF CEMETERY OR CREMATORIAL <b>Linchester Cemetery</b>
22d. LOCATION (City, town, or county) <b>Preston, Md.</b>		(State)	
23. FUNERAL DIRECTOR'S SIGNATURE <b>Charles H. Stonesifer</b>		24a. ADDRESS <b>Federalsburg, Md.</b>	24b. REC'D BY REGISTRAR DATE <b>9/2/1956</b>
		24b. REGISTRAR'S SIGNATURE <b>L. M. Peppin</b>	

BUREAU V. S.

SEP 18 1956

RECEIVED

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, or removal.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8152

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

081274

1. PLACE OF DEATH a. COUNTY <u>CAROLINE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MARYLAND</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Burial - Hyson</u>		b. COUNTY <u>TALBOT</u>	
c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>STATE Highway</u>		d. STREET ADDRESS <u>2 Locust St.</u>	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)	First <u>Floyd</u>	Middle <u>CLEON</u>	Last <u>GEORGE</u>
4. DATE OF DEATH	Month <u>Aug</u>	Day <u>29</u>	Year <u>1956</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 8 1922</u>
9. AGE (In years last birthday) <u>33 yrs.</u>		10. IF UNDER 1 YEAR Months <u></u> Days <u></u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TRUCK DRIVER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BOTTLED GAS</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Julius J. George</u>		14. MOTHER'S MAIDEN NAME <u>Rose Bigger</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>220-07-2338</u>	
17. INFORMANT <u>Julius J. George, Easton, Md.</u>		Address <u>2 Locust St.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: (IMMEDIATE CAUSE) DUE TO <u>Short Multiple Fractures</u>		INTERVAL BETWEEN ONSET AND DEATH <u>few minutes</u>	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause if lost. (b) DUE TO <u>Automobile accident</u>			
(c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o)			
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Ran down by Automobile</u>	
20c. TIME OF INJURY Month, Day, Year Hour <u>5:30</u> Day <u>8/29</u> Year <u>56</u> p. m. <u>pm</u>		20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input checked="" type="checkbox"/> of work <input checked="" type="checkbox"/> of work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <u>Highway</u>		20f. (City or Town) <u>Hyson</u> (County) <u>Caroline</u> (State) <u>Md.</u>	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and find that death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/>			
ACTUAL SIGNATURE <u>Julius J. George</u>		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>	
EXAMINER'S NAME (Type) <u>DAVISON J. GEORGE</u>		DATE SIGNED <u>8/31/56</u>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>SEPT. 1 56</u>	
22c. NAME OF CEMETERY OR CREMATORIAL <u>Spring Hill</u>		22d. LOCATION (City, town, or county) <u>Easton</u> (State) <u>Maryland</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>W. F. George, Jr.</u>		24a. REC'D BY REGISTRAR <u>JLP 4</u> DATE <u>1956</u>	
ADDRESS <u>Highway, Easton, Md.</u>		24b. REGISTRAR'S SIGNATURE <u>Mrs. M. Lampert</u>	

RECEIVED  
FBI BUREAU

SEP 4 1956

FBI BUREAU

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4  
 may be retained by the hospital or attending physician.  
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the register prior to burial, cremation, or removal, and any event within 72 hours after death.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8153

## CERTIFICATE OF DEATH

118128  
66

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <b>CAROLINE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MARYLAND</b>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>RIDGELY</b>		c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>DENTON</b>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <b>RAILROAD AVE</b>		d. STREET ADDRESS <b>304 FRANKLIN ST.</b>	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <b>ALLEN.</b>		First <b>William</b>	Middle <b>NEATING</b>
4. DATE OF DEATH <b>AUG. 6 1956</b>		Month <b>AUG.</b>	Day <b>6</b>
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>
8. DATE OF BIRTH <b>FEB. 24, 1895</b>		9. AGE (In years last birthday) <b>61</b>	10. IF UNDER 1 YEAR Months <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MECHANIC</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>APPAREL INDUSTRY</b>	11. BIRTHPLACE (State or foreign country) <b>ROCK HALL, MD.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13. FATHER'S NAME <b>SAMUEL TILDEN KEATING</b>		14. MOTHER'S MAIDEN NAME <b>MARTHA SOMERS</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>222-01-1472</b>	
17. INFORMANT <b>Clenna W. Keating.</b>		Address <b>DENTON, MD.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>420.1</b> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <b>10-15 MIN.</b>	
<b>Acute. Coronary. Thrombosis</b>			
<b>Coronary. Sclerosis</b>		<b>4-5 years</b>	
<b>Hypertension.</b>		<b>45 years</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Has been under care of Dr. Houston Harrison, Easton, Maryland.</b>		19. WAS AUTOPSY PERFORMED? <b>NO</b>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 19) <b>45 years.</b>	
20c. TIME OF INJURY Month, Day, Year Hour o. p. m. 19		20d. INJURY OCCURRED White at work <input type="checkbox"/> at work <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from _____, 1956, to _____, 1956, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, 1956, M, from the causes and on the date stated above. ACTUAL SIGNATURE <b>Charles H. Winncott</b>		ADDRESS (Street, city or town, state) <b>Ridgeley, Maryland</b>	
PHYSICIAN'S NAME (Type) <b>CHARLES H. WINNACOTT</b>		DATE SIGNED <b>8-6-56</b>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		22b. DATE THEREOF <b>8/9/56</b>	
22c. NAME OF CEMETERY OR CREMATORIAL <b>PARKWOOD CEMETERY</b>		22d. LOCATION (City, town, or county) <b>BALTIMORE, MARYLAND</b>	
23. FUNERAL DIRECTOR'S SIGNATURE <b>Leonard J. Luck</b>		ADDRESS <b>305 Huford St.</b>	
24a. REC'D BY REGISTRAR <b>DATE 8-7-56</b>		24b. REGISTRAR'S SIGNATURE <b>Mary E. Laird</b>	

DEPARTMENT OF DEFENSE

BUREAU V.

AUG 9 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  
8154 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08129

Reg. Dist. No.

**DO DEPUTY MEDICAL EXAMINER:** This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PMA. Page 5 may be retained for your files.

**DO FUNERAL DIRECTOR:** Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

1. PLACE OF DEATH a. COUNTY Caroline		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE Maryland b. COUNTY Caroline					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Ridgely		c. LENGTH OF STAY IN lb 78 Yrs.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Ridgely					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) None				d. STREET ADDRESS None					
3. NAME OF DECEASED (Type or print) James		First	Middle	Last	4. DATE OF DEATH 8	Month	Day	Year	
5. SEX Male		6. COLOR OR RACE Col.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	B. DATE OF BIRTH 3/20/1878	9. AGE (In years last birthday) 78 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Tennant		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Alexander Murray				14. MOTHER'S MAIDEN NAME Mary Gremmich					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 218-34-3381		17. INFORMANT Annie Murray		Address Ridgely, Maryland			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.1 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (b) Astro Sclerosis		Coronary Insufficiency				INTERVAL BETWEEN ONSET AND DEATH Dudden 2 yrs			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20c. TIME OF INJURY Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)			
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and find that death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/>									
ACTUAL SIGNATURE Dawson O. George		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>		DATE SIGNED 8/27/56					
EXAMINER'S NAME (Type) Dawson O. George									
22a. BURIAL, CREMATION REMOVAL (Specify) Burial		22b. DATE THEREOF 8/30/56		22c. NAME OF CEMETERY OR CREMATORIY Henry Burial Ground		22d. LOCATION (City, town, or county) (State) Ridgely, Maryland			
23. FUNERAL DIRECTOR'S SIGNATURE J. E. Boulair		ADDRESS Greenbrier, Md.		24a. REC'D BY REGISTRAR DATE 8/28/56		24b. REGISTRAR'S SIGNATURE Mary E. Laird			

VS. A15ME(5)  
5M P/25

2000-01-02

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BUREAU U. S.

AUG 29 1956

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending", in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File Pages 1 and 2 with the registrar prior to burial or removal.

VS. A15ME(5)  
5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  
8155 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08138  
Reg. Dist. No. 100

1. PLACE OF DEATH a. COUNTY		Caroline MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. LENGTH OF STAY IN lb		d. STATE Delaware b. COUNTY New Castle	
Rural Henderson		8 Hrs.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		None		d. STREET ADDRESS	
None		None		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		First George	Middle E.	Last Webb	4. DATE OF DEATH Month 8 Day 27 Year 1956
5. SEX Male		6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6/24/1927	
9. AGE (In years last birthday) 29 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life—even if retired) Machineist Chrysler Corp/		11. BIRTHPLACE (State or foreign country) Delaware	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13. FATHER'S NAME George Webb 3rd.		14. MOTHER'S MAIDEN NAME Edna P. Cole			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) Yes Unknown		16. SOCIAL SECURITY NO. 17. INFORMANT 221-16-0755 Margaret N. Webb Newark, Delaware			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		Address INTERVAL BETWEEN ONSET AND DEATH			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		Internal Injuries—Hemorrhage 1/2 hr—			
910.8 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.		DUE TO accident			
DUE TO (b)					
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Loading truck with logs Severe Log fell on him			
20c. TIME OF INJURY Month, Day, Year Hour p. m. 1956		20d. INJURY OCCURRED While at work <input checked="" type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) woods	
20f. (City or town) Farnhurst, Delaware				(County) (State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .					
ACTUAL SIGNATURE Dawson O. George		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>			
DATE SIGNED 8/27/56					
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 8/30/56		22c. NAME OF CEMETERY OR CREMATORIAL Gracelawn	
22d. LOCATION (City, town, or county) Farnhurst, Delaware		(State)			
23. FUNERAL DIRECTOR'S SIGNATURE J. E. Boulaire Greensboro, Md.		ADDRESS		24a. MCCARTHY REGISTRAR DATE 8/28/56	
				24b. REGISTRAR'S SIGNATURE 90 Smith	

RECEIVED  
BUREAU Y. S.

AUG 29 1966